

Examiner's Amendment:

1. An Examiner's Amendment to the record appears below. Should the changes and/or additions be unacceptable to applicant, an amendment may be filed as provided by 37 C.F.R § 1.312. To ensure consideration of such an amendment, it **MUST** be submitted no later than the payment of the Issue Fee.

Authorization for this examiner's amendment was given in a telephone interview with *Petrea L. Pabst (Applicants' Representative)* on 11 April 2008.

The application has been amended as follows:

IN THE CLAIMS:

2. Cancel claims 20 and 21 without prejudice or disclaimer.

IN THE SPECIFICATION:

3. Please amend the abstract by making it only one paragraph, as follows:

METHODS OF TREATMENT TREATING CACHEXIA

A method of treating weight loss due to underlying disease in a patient the method comprising administering to the patient an effective amount of an agent which reduces sympathetic nervous system activity. A method of treating weight loss due to underlying disease in a patient the 10 method comprising administering to the patient an effective amount of any one or more of the following: a compound which inhibits the effect of aldosterone such as an aldosterone antagonist; a chymase inhibitor; a cathepsin B inhibitor; a 13 receptor blocker; an imidazoline receptor antagonist; a centrally acting tx receptor antagonist; a peripherally acting ct receptor antagonist; a ganglion blocking agent; a drug that has an effect on cardiovascular reflexes and thereby reduce SNS

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activity such as an opiate; scopolamine; an endothelin receptor antagonist; and a xanthine oxidase inhibitor. The methods are particularly useful in treating cardiac cachexia.

REASONS FOR ALLOWANCE:

4. The rejection of claims 1, 3-4, 19, 29 and 31 made under 35 U.S.C. 102(b) as being anticipated by RALES investigators (October 1996), and the rejection of claims 1, 10, 19, 29-31 made under 35 U.S.C § 102(b) as being anticipated by Packer et al, (New England Journal of Medicine, 1996), are withdrawn. Applicants' argument that neither RALES investigators nor Packard et al. selected CHF patients with cachexia, and that all CHF patients do not suffer from Cachexia, has been found persuasive. Accordingly, the patient population of the cited references is not the same as the patient population recited in the instant claims.

Status of Claims:

4. Claims 2, 5-9, 11-18, 22-28, 32-47 have been canceled. New claims 48-49 have been added. Thus, claims 1, 3-4, 10, 19, 29-31 and 48-49, (now renumbered 1-10, respectively) are allowed.

Advisory Information:

Any inquiry concerning this communication or earlier communications from the examiner should be directed to FOZIA M. HAMUD whose telephone number is (571)272-0884. The examiner can normally be reached on Monday-Friday: 8:00 am to 4:00 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Manjunath N. Rao can be reached on (571) 272-0939. The fax phone

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number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

Fozia Hamud
Patent Examiner
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11 April 2008

/Manjunath N. Rao, /
Supervisory Patent Examiner, Art Unit 1647